99-401-C 21-12.A

Telecommunications Carriers **AUTHORIZED UTILITY REPRESENTATIVE FORM** CERTIFICATED COMPANY INFORMATION Company Name: KDDI America, Inc. DBA/FKA: Telephone # 212-295-1200 Mailing Address: 5320 Holiday Terrace, Suite4 State: MI ZIP Code: 49009 City: Kalamazoo CLEC Wireless ETC ILEC IXCX REGISTERED AGENT INFORMATION Registered Agent: B Allston Moore Jr. Mailing Address: 5 Exchange Street State: SC ZIP Code: 49401 City: Charleston

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

	UTILIT	Y REPRESENTATIVE INFORMATI	ON	
General Manager				
Name: Masatoshi Mobuhara				
Address: 7 Teleport Drive				
City: Staten Island		State: NY	ZIP Code: 10311	
Phone: 212-295-1200	Email: rt@k	I:rt@kddia.com Fax: 212-295-1087		
Emergency Contact - Non	Office Hou	rs		
Name:				
Phone:	Email:		Fax:	
Customer Relations/Comp	laints Rep			
Name: Shin Shinohara				
Address: 33 Whitehall Street, 26th	Floor			
City: New York		State: NY	ZIP Code: 10004	
Phone: 212-295-1200	Email: p.kua	n@kddia.com	Fax: 212-295-1087	
Complaints Rep for Compla	aint Escala	tion		
Name: Shin Shinohara	0.000000000000000000000000000000000000			
Address: 33 Whitehall Street, 26th	Floor			
City: Staten Island		State: NY	ZIP Code: 10004	
Phone: 212-295-1200	Email: p.kua	n@kddia.com	Fax: 212-295-1087	
Customer Toll Free Contac	t Number:			
Engineering Operations				
Name:			a. O	
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	
Test and Repair			ZIP Code: RELEGION OFFICE CHEM'S OFFICE CHEM	
Name:			AT PSC Office	
Address:			Clerks	
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	

	ŮTILÍT	Ÿ REPRESÉNTATIVE INFORMATI	ΟŇ				
Regulatory Officer							
Name & Title: Peter Kuan, Senio	r Manager Aç	counting Department					
Address: 7 Teleport Drive							
City: Staten Island		State: NY		ZIP Code: 10311			
Phone:	Email:			Fax:			
Annual Report Form Mailir	ngs						
Name & Title: Amanda Gucich, S	Senior Compli	ance Specialist					
Address: 5320 Holiday Terrace, S	uite 4						
City: Kalamazoo		State: MI	*************	ZIP Code: 49009			
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com			Fax: 269-381-4855			
Dual Party Invoice Mailings							
Name & Title: Amanda Gucich,	Senior Compl	iance Specialist من منتاء م					
Address: 5320 Holiday Terrace, S	Suite 4						
City: Kalamazoo		State: MI		ZIP Code: 49009			
Phone: 269-381-888	Email: contact@nationwideregulatorycompliance.com			Fax: 269-381-4855			
Universal Service Fund Ma	ilings						
Name & Title: Amanda Gucich, S	Senior Compli	ance Specialist					
Address: 5320 Holiday Terrace, S	Suite 4		инслиминия				
City: Kalamazoo		State: MI		ZIP Code: 49009			
Phone: 269-381-8888	Email: conta	act@nationwideregulatorycompliance.com		Fax: 269-381-4855			
Gross Receipts Mailings							
Name & Title: Amanda Gucich, S	Senior Compli	ance Specialist					
Address: 5320 Holiday Terrace, S	Suite 4						
City: Kalamazoo		State: MI		ZIP Code: 49009			
Phone: 269-381-8888 ,,	Email: con	tact@nationwideregulatorycompllance.com	Fax: 269-381-4855				
Lifeline Contact							
Name & Title: n/a							
Address:							
City:		State:	ZIF	Code:			
Phone:	Email:	Fax:		<:			
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FORM PREPARER INFORMATION					
This form was completed by: Amanda Gucich					
Signature:					
Title: Regulatory Manager	Date: 038/17/2021				

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RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800 Columbia, SC 29201